

Work Order ID 68657

Tuesday, April 19, 2011 3:13:44 PM



Page 1

Item ID: D3281-1L08

Accept



Setup Start



Revision ID:

Item Name: Floor Protector, Fwd LH

Stop



Start Date: 4/19/2011 Start Qty: 2.00



Cust Item ID:

Required Date: 4/21/2011 Req'd Qty: 2.00



Customer:

Reference:

Approvals: Process Plan: */*Date: *11/04/19*

QC: _____

Date: _____

SPC (Y/N): _____

Tooling: _____ Date: _____

Run Start



Stop

**Sequence ID/
Work Center ID****Operation
Description****Set Up/
Run Hours**

Tool ID

Tool

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp**Draw Nbr****Revision Nbr**

D3281

DE01-E1

F *11/04/26*

100



HAND FINISHING THERMOFORMING

Thermoform

Memo

0.00

Thermoforming Machine

Cut Blanks

*x2**Sh*
11/04/26

105



Dry Material

HandThermo

Memo

0.00

Hand Finishing Thermoforming

Dry Sheet as per QSI022 POLYCARBONATE

*x2**Sh*
*11/04/26*Temp: *340 °F*Time IN: *4:30 pm**11/04/26*Time OUT: *7:00 am**11/04/26*

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
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Date: _____

Tooling: _____

Date: _____

Run

Start



QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

110



THERMOFORMING MACHINE

0.00

x2

SL

Thermoform

Thermoforming Machine

Memo

0.00

Thermoform as per Dwg. D3281 and Folio FTA 011

Dwg. Rev. FFolio Rev. D

11/04/26

120



QC2- Inspect parts off machine FAI/FAIB

0.00

x2

SL

QC

Quality Control

Memo

0.00

11/04/26

130



HAND FINISHING THERMOFORMING

0.00

x2

SL

Thermoform

Thermoforming Machine

Memo

0.00

Trim to Finished Dimensions

11/04/26

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Required Date: 4/21/2011 Req'd Qty: 2.00



Customer:

Reference:

Approvals: Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run Start



QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop

**Sequence ID/
Work Center ID****Operation
Description****Set Up/
Run Hours****Tool ID****Tool #****Plan
Code****Accept
Qty****Reject
Qty****Reject
Number****Insp.
Stamp**

140



QC2- Inspect parts off machine FAI/FAIB

0.00

QC

Quality Control

150



QC5- Inspect part completeness to step on W/O

0.00

QC

Quality Control

5/19/28

W
11/04/27

160



Packaging

0.00

Packaging

Packaging

Memo

0.00

11/12/28 2nd

W/O:		WORK ORDER CHANGES					
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Page 4

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Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

170



QC21- Final Inspection - Work Order Release

0.00

11/4/29 JD

QC

Quality Control

Memo

0.00

11/04-28
2

W/O:		WORK ORDER CHANGES					
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NOTE: Date & initial all entries

Picklist Print

Tuesday, April 19, 2011 3:13:50 PM

Page 1

Work Order ID: 68657



Parent Item: D3281-1L08



Parent Item Name: Floor Protector, Fwd LH

Start Date: 4/19/2011

Required Date: 4/21/2011

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP Rev. A 10.02.24 New Issue LL
Add Step 105 Dry Material 10/04/21 DL

IPP Rev. B

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.118-90318-08		Purchased	No			100	sf	2,284.710	5	10.52632			

Lexan Sheet



Location	Loc Qty	Loc Code
therm	2284.71	
113127	2284.71	

10.52632 sq ft

11/04/27

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DART AEROSPACE LTD	Work Order:	68657
Description: Floor Protector, Fwd LH	Part Number:	D3281-1
Inspection Dwg: D3281 Rev: E		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

THERMOFORMING SECTION

Description	Accept	Reject	Method of Inspection	Comments
Inside Radii less than 0.1875" Go/No Go	✓			
Shape Definition	✓			
Texture Retention	✓			
Material imperfections such as bumps, cracks, voids, scratching	✓			

Measured by

W.L.

Date:

11/04/20

TRIMMING SECTION

Measured by:

27

Date:

11/04/27

Audited by:

十一

Date:

11/01/27

Preliminary Approval:

N/A

Date: _____

N/A

Rev	Date	Change	Revised by	Approved
A	08.02.28	New Issue	KJ/DL	
B	08.04.16	Dimensions updated per Dwg Rev D	KJ/DL	
C	08.09.12	Tolerance revised for 0.070 dimension	KJ/DL	
D	10.09.01	Dwg Rev updated	KJ	9/1 0/1

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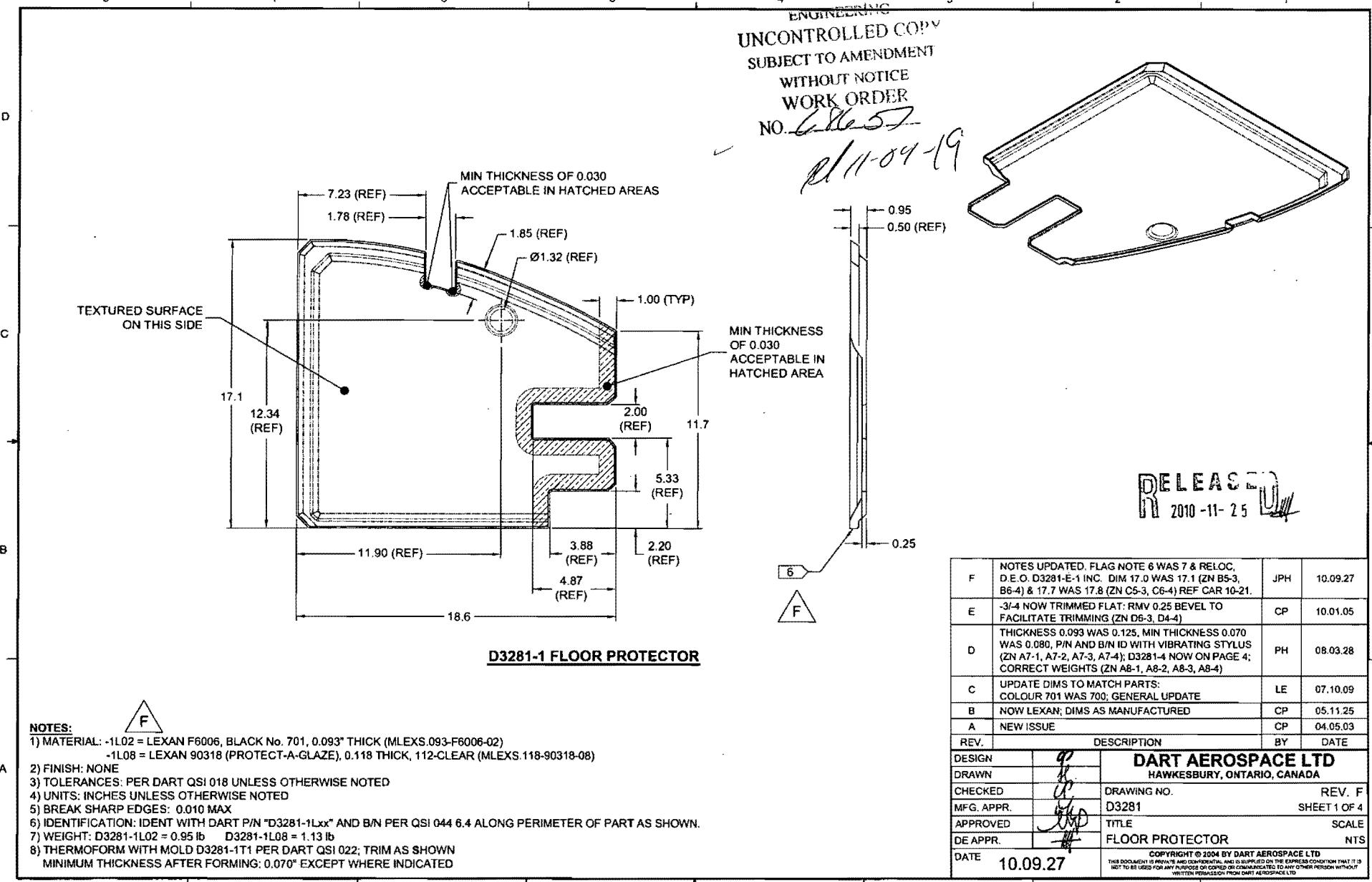
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SHOP COPY

4 RETURN TO
ENGINEERINGUNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDERNO. *08657**11/11/09-19*

8 7 6 5 4 3 2 1



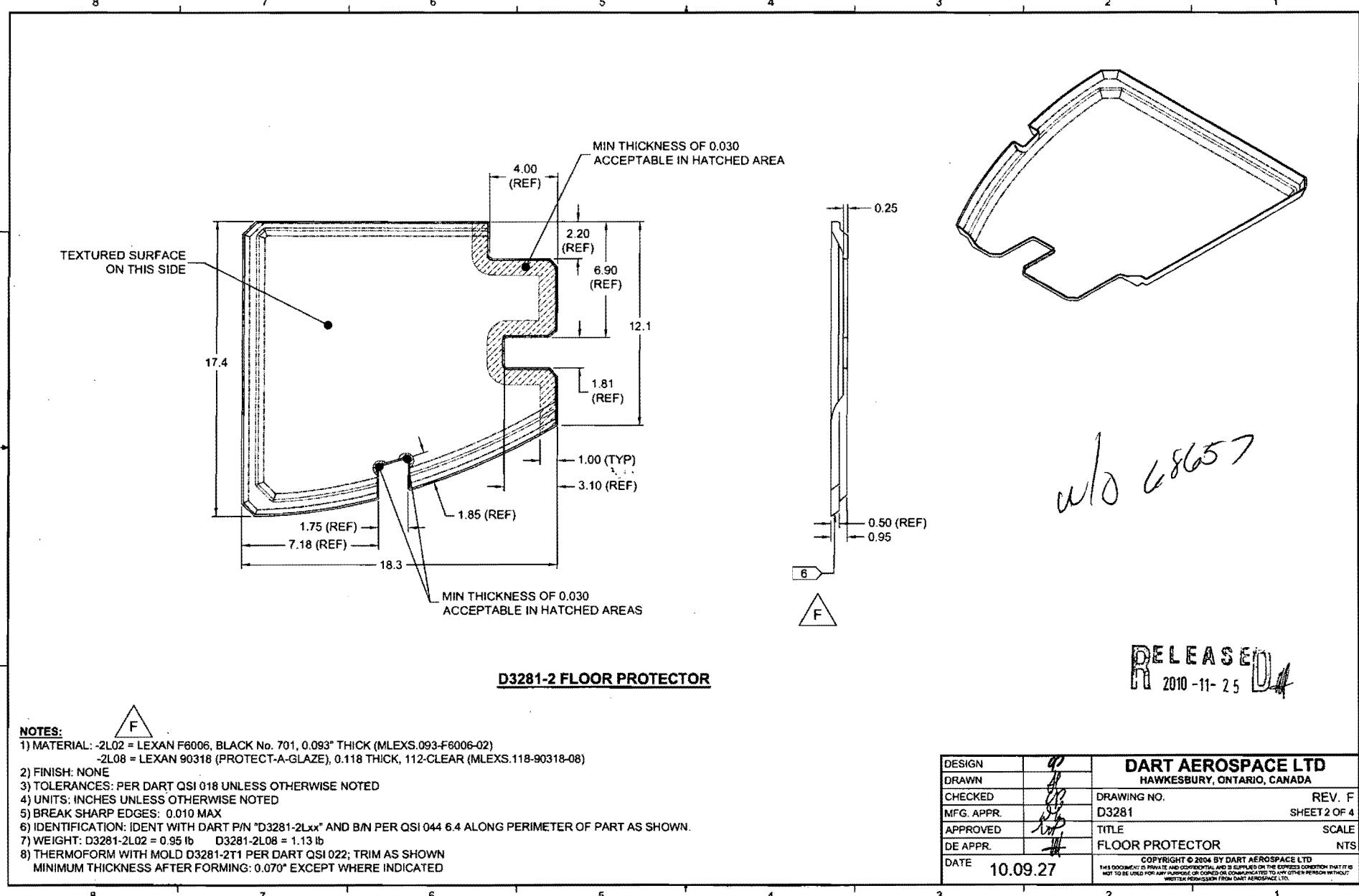
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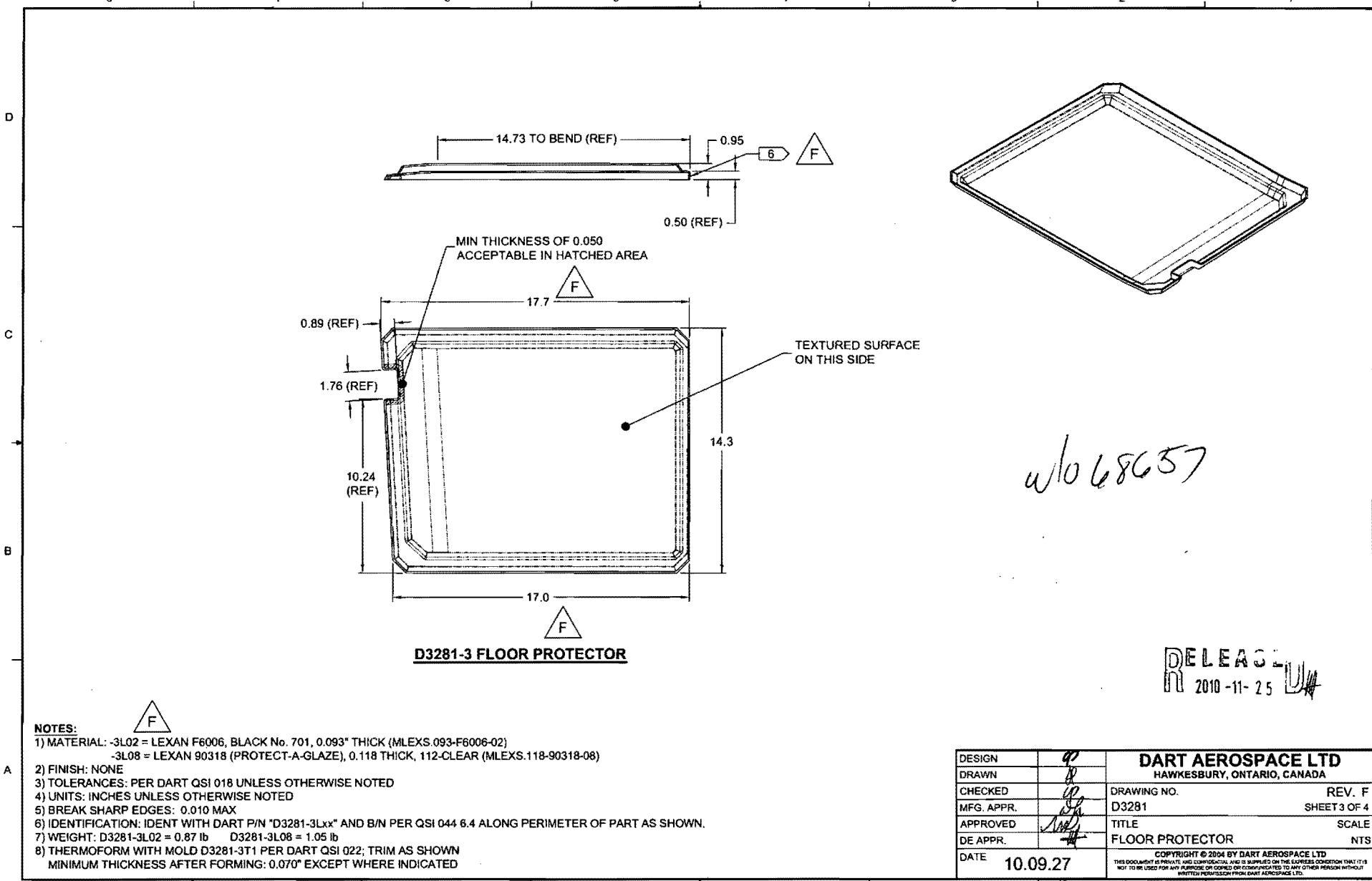
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8 7 6 5 4 3 2 1



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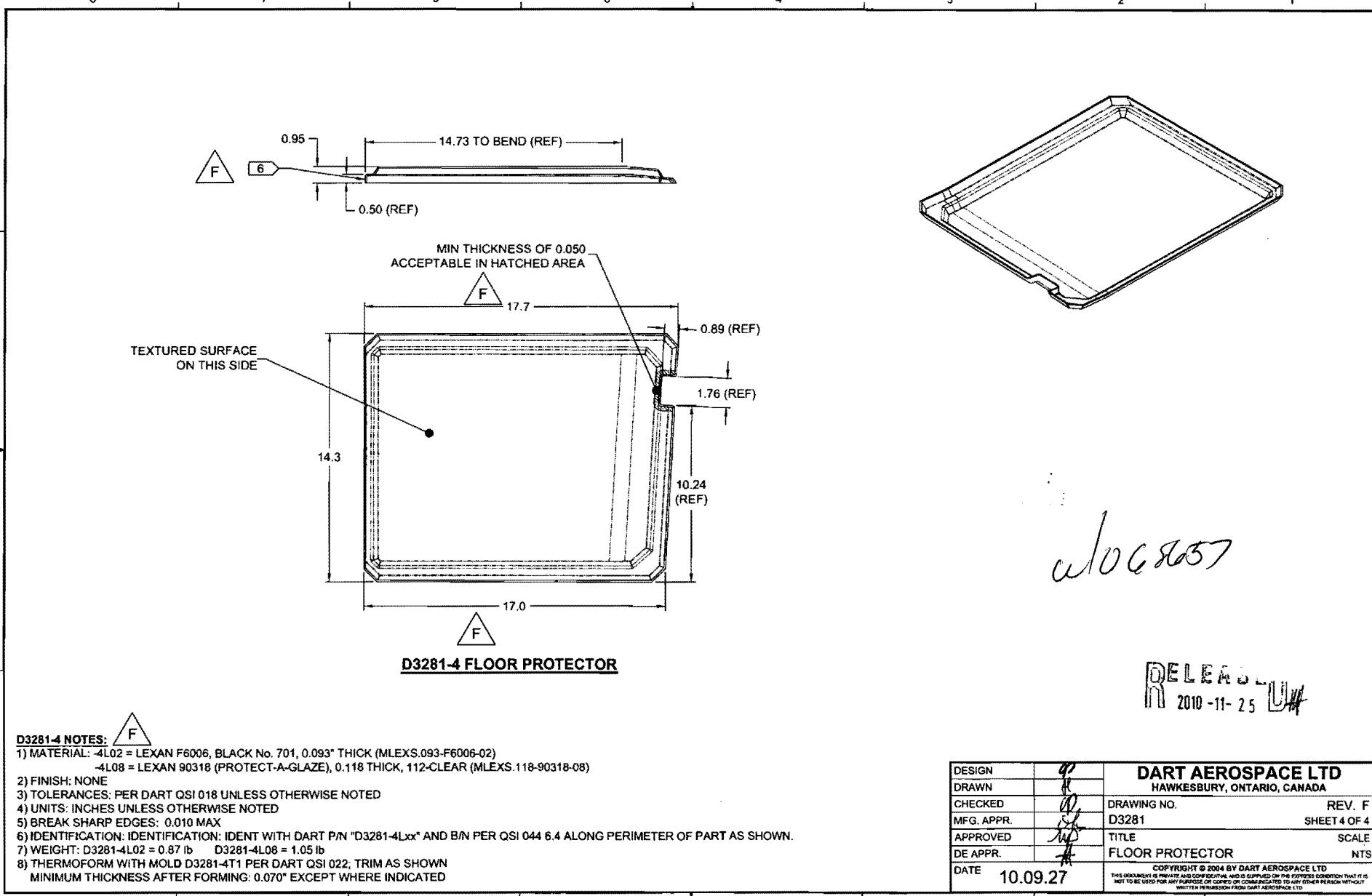
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